E 420

Application Number

First Named Inventor

Examiner Name

Filing Date

Art Unit

•	PTO/SB/21 (09-04)
10/045,287	$\overline{}$
October 18, 2001	
Robins, Michael	7
2155	

Michael Young Won

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	20	Attorney Docket Number	010327-003500เ
Total Number of Fages III This Submission	,		

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		ENCLOSURES (Check all that apply				
Extension of Tim	oched oly nal s/declaration(s) ne Request (One onment Request	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Return Postcard			
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Cinn Name	SIGNA	TURE OF APPLICANT, ATTORNET,	AGENT			
Firm Name Tov	wnsend and Towns	send and Crew LLP				
Signature	14	il.				
Printed name Ste	even A. Raney					
Date Ma	y 23, 2006	Reg. No.	58,317			
CERTIFICATE OF TRANSMISSION/MAILING						
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.						
Signature Golos						

Fees Paid (\$)

O MA	PE 408			Attor	ney Docket	No. 0	10327-00350(PTO/SB/17 (0
1 ""	2)	0005 (11 B 4040)		Com	plete if Kno	wn	
Fees pursuant to the Consolid			Application Nur	mber 10/0	45,287		
FEE TR	ANSIVI	IIAL [Filing Date	Octo	ber 18, 200	1	
For	FY 2006		First Named In	ventor Rob	ins, Michael		
Applicant claims small e		CED 1 27	Examiner Nam	e Mich	ael Young \	Won	_
Applicant claims small e	entity status. See 37	CFR 1.27	Art Unit	215	5		
TOTAL AMOUNT OF PA	YMENT (\$) 120		Attorney Docke	et No. 0103	327-003500	US	
METHOD OF PAYMENT	(check all that a	oply)					
Check Credit (Card Money	Order None	Other (p	lease identify):			
Deposit Account	eposit Account Numl	per: 20-1430		•	nsend and To	ownsend	and Crew LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (A	I the fees below	are due upon filir	ig or may be	subject to a	surcharge.	.)	<u>.</u>
BASIC FILING, SEAR Application Type	RCH, AND EXAM FILING FEES Small Ent Fee (\$) Fee (\$	S SEAF	CH FEES Small Entity) Fee (\$)	<u>Sı</u>	ATION FEE mall Entity Fee (\$)	_	ees Paid (\$)
Utility	300 150	500	250	200	100		
Design	200 100	100	50	130	65	_	
Plant	200 100	300	150	160	80		
Reissue	300 150	500	250	600	300		
Provisional	200 100	0	0	000	0	_	
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2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i	ncluding Reissue				Fee (\$) 50 200	<u>Fe</u>	Entity ee (\$) 25 100
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	Fee Description				Fee (\$) . <u>Fee (\$)</u>	
1	Each claim over 2	20 (including Reissue	es)		50	25	
1	Each independent	claim over 3 (includ	ling Reissue	s)	200	100	
	Multiple depende	nt claims	-		360	180	
	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	<u>Multip</u>	le Dependent Claims	
	20 or	HP = X		=	Fee (\$	<u>Fee Paid (\$)</u>	
	HP = highest number of tot	al claims paid for, if greate	r than 20				
	Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
	3 or	HP = X		=			
	HP = highest number of inc	dependent claims paid for, i	f greater than 3				
Į	3. APPLICATION S	IZE FEE					
ı	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
I						for each additional 50	
)(G) and 37 CFR 1.16			
I	Total Sheets	Extra Sheets	, , ,	er of each additional 50 c	` `	Fee (\$) Fee Paid (\$)	
ı	- 10	00 = 75	50 =	(round up to a wh	ole number) v ·	=	

Other (e.g., late filing surcharge): One-Month Extension of Time				
SUBMITTED BY				
Signature	Ath	Registration No. (Attorney/Agent) 58,317	Telephone 650-326-2400	
Name (Print/Type)	Steven A. Raney		Date May 23, 2006	

Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)